

12-14-01

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PTO/58/05 (12-97)

Approved for use through 9/30/2000. OMB 0651-0032

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	0156-2003	Total Pages	25
	First Named Inventor or Application Identifier			
	Michael Lebner			
	Express Mail Label No.	ET976172314US		

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification [Total Pages <u>25</u> ] <i>(preferred arrangement set forth below)</i> - Descriptive title of invention. - Cross References to Related Applications. - Statement Regarding Fed sponsored R & D. - Reference to Microfiche Appendix. - Background of the Invention. - Brief Summary of the Invention. - Brief Description of the Drawings <i>(if filed)</i> . - Detailed Description. - Claim(s). - Abstract of the Disclosure. 3. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Sheets <u>6</u> ] 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>2</u> ] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.53(d)) c. <input checked="" type="checkbox"/> Unexecuted <i>(for continuation/divisional with Box 17 completed)</i> <i>[Note Box 5 below]</i> 1. <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i> 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies  <b>ACCOMPANYING APPLICATION PARTS</b> 8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> 10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 14. <input checked="" type="checkbox"/> Small Entity Statement(s) <input checked="" type="checkbox"/> Statement filed in prior application. Status still proper and desired. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input checked="" type="checkbox"/> Other: <u>Application Data Sheet</u> _____ _____ _____
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17.	If a CONTINUING APPLICATION, check appropriate box and supply the required information:	
	<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP)	of prior application No: <u>09/450,488</u>

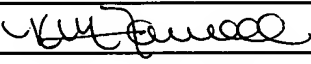
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11048 U.S. PTO

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18. CORRESPONDENCE ADDRESS					
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19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	Kevin M. Farrell				
SIGNATURE					
DATE	12-11-01				

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Michael Lebner

Prior Application No.: 09/450,488

Prior Filing Date: November 29, 1999

Title: BANDAGE FOR WOUND OR INCISION CLOSURE

FEE TRANSMITTAL FORM

BOX PATENT APPLICATION

Assistant Commissioner for

Patents

Washington, DC 20231

Dear Sir:

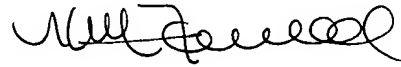
The filing fee for the referenced application has been calculated as shown below.

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATION
	TOTAL CLAIMS	41-20 =	21	X 18	378
	INDEPENDENT	4-3=	1	x 84	84
	MULTIPLE DEPENDENT CLAIMS			280	
				BASIC FEE	740
				SUBTOTAL	1,202
	Reduction by 50% for filing by small entity				
	TOTAL =				601

\_\_\_\_\_ Please charge my Deposit Account No. 06-0130 in the amount of \$\_\_\_\_\_. Two copies of this transmittal are enclosed.

\_\_\_\_\_ A check in the amount of \$\_\_\_\_. to cover the filing fee is enclosed. Any deficiency or overpayment should be charged or credited to Deposit Account No. 06-0130.

Respectfully submitted,



Kevin M. Farrell  
Registration No. 35,505  
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York Harbor, ME

Dated: 12/11/01

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